

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51		
2	1						52		
3		2					53		
4		2					54		
5		2					55		
6		2					56		
7		2					57		
8		2					58		
9		2					59		
10		①					60		
11		2					61		
12		2					62		
13		2					63		
14	1						64		
15	1						65		
16	1						66		
17		1					67		
18	1						68		
19		1					69		
20		4					70		
21	1						71		
22		1					72		
23	1						73		
24		1					74		
25		4					75		
26	1						76		
27		1					77		
28	1						78		
29		1					79		
30	1						80		
31		1					81		
32	1						82		
33		1					83		
34	1						84		
35	1						85		
36		2					86		
37		2					87		
38		2					88		
39	1						89		
40	1						90		
41		2					91		
42		2					92		
43	1						93		
44		1					94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	17						TOTAL IND.		
TOTAL DEP.	49						TOTAL DEP.		
TOTAL CLAIMS	66						TOTAL CLAIMS		